



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Theresa M. Gosko  
Assignee: Dell Products, L.P.  
Title: Data Structure for Use in an Automated Order Entry System  
Serial No.: 09/592,741 Filing Date: June 13, 2000  
Examiner: Andrew J. Fischer Group Art Unit: 2766  
Docket No.: DC-02493

COMMISSIONER FOR PATENTS  
Washington, D. C. 20231

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Austin, Texas  
August 14, 2002

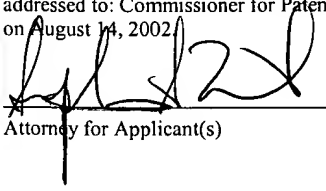
REQUEST FOR CONTINUED EXAMINATION

Dear Sir:

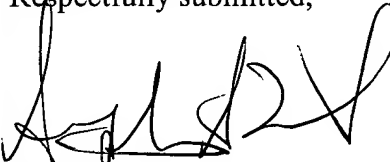
This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Please consider the Response to Final Office Action, which is being submitted with this request.

The RCE fee required under 37 C.F.R. § 1.17(e) is enclosed herewith as set forth in the accompanying transmittal letter.

Please contact the undersigned attorney with any questions concerning this request or the above-identified patent application.

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on August 14, 2002.	
	8/14/02
Attorney for Applicant(s)	Date of Signature

Respectfully submitted,

  
Stephen A. Terrile  
Attorney for Applicant(s)  
Reg. No. 32,946

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GROUP 3600

8/30/02  
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AF. REC. ✓  
2766

August 14, 2002

COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Re: Applicant(s): Theresa M. Gosko  
Assignee: Dell Products, L.P.  
Title: Data Structure for Use in an Automated Order Entry System  
Serial No.: 09/592,741 Filed: June 13, 2000  
Examiner: Andrew J. Fischer Group Art Unit 2766  
Docket No.: DC-02493

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Return Receipt Postcard;
- (2) This Transmittal Letter (in duplicate);
- (3) Response to Final Office Action; and
- (4) Request for Continued Examination.

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No additional fee is required.

The fee has been calculated as shown below:

## CLAIMS AS AMENDED

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	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Additional Fee
Total Claims	9	Minus	20	=	x	\$18	\$ 0.00
Independent Claims	1	Minus	4	=	x	\$84	\$ 0.00
<input checked="" type="checkbox"/> Fee for <del>Request for Continued Examination</del>							\$ 740.00
<input checked="" type="checkbox"/> Check Enclosed for Total Fee for this Amendment:							\$ 740.00
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 502264							

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Attorney for Applicant(s)

Date of Signature

Respectfully submitted,

Stephen A. Terrile  
Attorney for Applicant(s)  
Reg. No. 32,946

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